

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2008 08:00 AM  
Secretary of State

DOCUMENT # M61644

1. Entity Name  
LAW FIRM II, INC.



Principal Place of Business  
200 S. BISCAYNE BLVD.  
STE 4000  
MIAMI, FL 33131-2398

Mailing Address  
200 S. BISCAYNE BLVD.  
STE 4000  
MIAMI, FL 33131-2398



04162008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0029617

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

HUNTER, KENNETH C  
C/O SQUIRE, SANDERS & DEMPSEY LLP  
200 S BISCAYNE BLVD, STE 4000  
MIAMI, FL 33131-2398

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

U00000942863  
05/29/08-80038-001 300.00

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	MAIWURM, JAMES J
STREET ADDRESS	200 S. BISCAYNE BLVD. STE. 4000
CITY-ST-ZIP	MIAMI, FL 331312398
TITLE	DVPT
NAME	MCKENNA, MICHAEL E
STREET ADDRESS	200 S. BISCAYNE BLVD., STE. 4000
CITY-ST-ZIP	MIAMI, FL 331312398
TITLE	DVPS
NAME	CRAIG, BARRY G
STREET ADDRESS	200 S. BISCAYNE BLVD. STE. 4000
CITY-ST-ZIP	MIAMI, FL 331312398
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael McKenna Michael McKenna 4-28-08 216-687-3400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #